

COMPLAINT RECORD

Washington State Department of Agriculture Organic Food Program (360) 902-1805 organic@agr.wa.gov

Instructions: You must record complaints received pertaining to the organic/transitional integrity of your products. *DO NOT return this form with your application*.

INITIATOR OF COMPLAINT:	DATE:
ADDRESS:	PHONE #:
CITY, STATE, ZIP:	
NATURE OF COMPLAINT:	
ACTIONS TAKEN:	DATE:
INITIATOR OF COMPLAINT:	DATE:
ADDRESS:	DATE: PHONE #:
ADDRESS: CITY, STATE, ZIP:	
ADDRESS:	
ADDRESS: CITY, STATE, ZIP:	PHONE #:
ADDRESS: CITY, STATE, ZIP: NATURE OF COMPLAINT:	
ADDRESS: CITY, STATE, ZIP: NATURE OF COMPLAINT:	PHONE #:
ADDRESS: CITY, STATE, ZIP: NATURE OF COMPLAINT:	PHONE #:

Make copies of this form as necessary. Please have a complaint file available at the time of inspection.